Form 3160-5 (November 1983) (Formerly 9-331) DEPART	UNITED STATES SUBMIT IN TRIPLICATES erly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on re-		Expires August	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SEEIAL NO.	
BUREAU OF LAND MANAGEMENT			NM 6682	NM 6682	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a dimerble reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)			6. IF INDIAN, ALLOTTEE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL XX GAS OTHER 90 JAN -3 AM 10: 22			7. UNIT AGREEMENT NAM	7. UNIT AGREEMENT NAME	
BCO, Inc. 3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 87501			8. FARM OR LEASE NAME	8. FARM OR LEASE NAME	
			Federal B		
			9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR 1	8 10. FIELD AND POOL, OR WILDCAT	
790' FNL and 1650' FWL				Lybrook Gallup Ext	
			11. SEC., T., R., M., OR BLE SURVEY OR AREA	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA	
SEC 22, T23N, R7W, NMPM			SEC 22, T23N,	, R7W, NMPM	
IT. FERSIT NO.	15. ELEVATIONS (Show whether Di	, RT, GR, etc.)	12. COUNTY OR PARISH 1		
16.	7380' GL		Sandova1	NM	
Check Ap	propriate Box To Indicate N	lature of Notice, Report, or	Other Data		
NOTICE OF INTENT	CION TO:	1	QUENT REPORT OF:		
FRACTURE COLO	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WEL	. —	
**************************************	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASIN	<u> </u>	
REPAIR WELL CI	HANGE PLANS	SHOOTING OR ACIDIZING	TRANDONMENT.		
(Other) Revised APD infor	mation X	(Other)(Note: Report result	ts of multiple completion on	Well	
17. DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction nent to this work.) *				er somes hear!	
1) Intend to run 6 joints Remainder of casing s	errug with be 11.0#	, J-55, 4½" casing a	s specified in AP)	D.	
2) Cementing Program -	Took above ID]	in riancos.			
Stage 1: 175 sacks (2 and $\frac{1}{2}$ 1b flocele and (above DV tool. Top with circulate for four hou	241 cubic feet) Prem 54 lbs gilsonite per	ium cement with 2% (CaCl2 and 8 lbs sa designed to circu Will open DV too	ilt ilate ol and	
Stage 2: 1135 sacks (10% Calseal and 10 1bs to surface.	2020 cu ft) 65/35	. Cement will be de	ith 4% gel, 10% sa esigned to circula EGEIVE	lt, te	
NOTE: All volumes are	contingent upon ca	liper logs.	JAN2 6 1990		
			L CON. DIV.		
18. I hereby certify that the foregoing is tr	ue and correct		APPROVE	ED	
SIGNED Elizabeth B. F	Coshar TITLE Vice	President	DATE 1/2/90		
(This space for Federal or State office t	lec)		JAN 22 199		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY	TITLE		1	· •	
OF AFFROYAL, IF ANY			Townsond	•	
0			EOP AREA MANAGER FARMINGTON RESOURCE	ADEA	
	*See Instructions of	n Reverse Side	THEOUNDE	MACA	